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CONFIRMATION NO. 7070

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| SERIAL NUMBER<br>10/676,281 | FILING DATE<br>09/30/2003<br><br>RULE | CLASS<br>372 | GROUP ART UNIT<br>2828 | ATTORNEY<br>DOCKET NO.<br>4024-4044US2 |
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APPLICANTS

John Trezza, Nashua, NH;

\*\* CONTINUING DATA \*\*\*\*\* *201*

This application is a CON of 10/180,610 06/26/2002 PAT 6,633,421  
 which is a CIP of 09/896,189 06/29/2001 PAT 6,620,642  
 and is a CIP of 09/897,160 06/29/2001 PAT 6,724,794  
 and is a CIP of 09/896,983 06/29/2001 PAT 6,790,691  
 and is a CIP of 09/897,158 06/29/2001 PAT 6,753,197  
 and is a CIP of 09/896,665 06/29/2001 ABN  
 and claims benefit of 60/365,998 03/19/2002  
 and claims benefit of 60/366,032 03/19/2002

\*\* FOREIGN APPLICATIONS \*\*\*\*\* *NH*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED  
 \*\* 12/18/2003

|   |  |                           |                        |                      |                            |
|---|--|---------------------------|------------------------|----------------------|----------------------------|
| Foreign Priority claimed<br>35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br><input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after<br>Allowance | STATE OR<br>COUNTRY<br>NH | SHEETS<br>DRAWING<br>9 | TOTAL<br>CLAIMS<br>5 | INDEPENDENT<br>CLAIMS<br>1 |
|---|--|---------------------------|------------------------|----------------------|----------------------------|

Verified and Acknowledged  
 Examiner's Signature *[Signature]* Initials *[Initials]*

ADDRESS  
 27123  
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TITLE  
 Integrated arrays of modulators and lasers on electronics

☐ All Fees

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|---|--|---|
| <b>FILING FEE</b><br><br><b>RECEIVED</b><br>750 | <b>FEES:</b> Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of<br>time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
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